

FOR NO. 1. LARGE RESERVED FOR RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

X-2-B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA.		9075	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
Inc. Town of <u>Abbeville</u>		State Board of Health			
City of <u>Abbeville</u>		Registration District No. <u>1-2</u>		Registered No. <u>24</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>1-2</u> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Martha Lucinda Edmunds</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>NO</u>	(5) Number in order of birth <u>13</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 1, 1915</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe F. Edmunds</u>			(14) NAME BEFORE MARRIAGE <u>Martha Edmunds</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>53</u>	(16) COLOR OR RACE <u>white</u>			
(12) BIRTHPLACE <u>McKormick S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>53</u>			
(13) OCCUPATION <u>Agent & Promoter</u>			(18) BIRTHPLACE <u>Edgefield S.C.</u>		
(19) OCCUPATION <u>Housewife</u>			(20) Number of children of this mother now living, including present birth <u>11</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Kupper</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Apr 6th 1915</u> (28) <u>F. G. Perrin</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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